

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114812

**Entity Name:** OAKFIELD MEDICAL PLAZA, LLC

**Current Principal Place of Business:**

910 OAKFIELD DR  
STE 102  
BRANDON, FL 33511

**Current Mailing Address:**

910 OAKFIELD DR  
STE 102  
BRANDON, FL 33511

**FEI Number:** 26-3893019

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLER, MICHAEL D  
601 BAYSHORE BLVD  
STE 700  
TAMPA, FL 33606 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name LORCH, DANIEL GMD  
Address 910 OAKFIELD DR - STE 102  
City-State-Zip: BRANDON FL 33511

Title PRESIDENT  
Name GRAVES, ARTHUR MD  
Address 910 OAKFIELD DR - STE 102  
City-State-Zip: BRANDON FL 33511

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARTHUR E. GRAVES M.D.

**PRESIDENT**

**03/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date